1997-98 Cal Grant GPA Verification Report

Please return completed form to:

California Student Aid Commission Attn: Grant Services Branch — GPA Unit P.O. Box 510845 Sacramento, CA 94245-0845 FAX (916) 322-9261



Reporting school's name								School code				
Street address			City		State			ode				
	t the Grade F	Point Averages reported for the stees.	tudents listed belo	w have been calculated on	a 4.00 unweigh	nted scale in accordance w	ith the	Califo	rnia	Stu	dent	
Note: Please type or print legibly. Students listed without Social Security nu				s will not be processed. GP	As listed in exc	ess of 4.00 will not be pro-	cessed					
School official's signature							Date					
School official's name (print or type)				Title				Telephone number				
							()				
Social Security number	GPA	Student name (optional)		Social Security number	GPA	Student name (optional)						
Social Security number	GPA	Student name (optional)		Social Security number	GPA	Student name (optional	,					
Social Security number GPA Student name (optional)		Student name (optional)		Social Security number	GPA	Student name (optional)				'		
Social Security number GPA		Student name (optional)		Social Security number	Student name (optional))						
Social Security number	GPA	Student name (optional)		Social Security number	GPA	Student name (optional)	,					
Social Security number	GPA	Student name (optional)		Social Security number	GPA	Student name (optional)						
Social Security number	GPA	Student name (optional)		Social Security number	GPA	Student name (optional)				'		
	.											
Social Security number	GPA	Student name (optional)		Social Security number	GPA	Student name (optional)	,			- 1		
Social Security number	GPA	Student name (optional)		Social Security number	GPA	Student name (optional)						
Social Security number	GPA	Student name (optional)		Social Security number	GPA	Student name (optional)	,					